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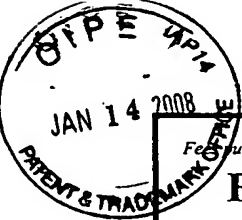
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/055,407	
	Filing Date	1/23/2002	
	First Named Inventor	David A. Fertell	
	Art Unit	2143	
	Examiner Name	J. Bret Dennison	
Total Number of Pages in This Submission	1	Attorney Docket Number	3361 - 011773

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check for \$10.00 for additional fees for Notice of Appeal and Appeal Brief
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The Webb Law Firm		
Signature	<i>William H. Logsdon</i>		
Printed Name	William H. Logsdon		
Date	January 11, 2008	Reg. No.	22,132

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Deborah L. Hartmann</i>		
Typed or printed name	Deborah L. Hartmann	Date	January 11, 2008

Doc. No.



<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/055,407
		Filing Date	1/23/2002
		First Named Inventor	David A. Fertell
		Examiner Name	J. Bret Dennison
		Art Unit	2143
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket	3361 - 011773
TOTAL AMOUNT OF PAYMENT	(\$) 10.00		

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims 23 - 20 or HP = 0 x 0 = 0 **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 3 - 3 or HP = 0 x 0 = 0 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number)	_____ x _____ = _____	_____

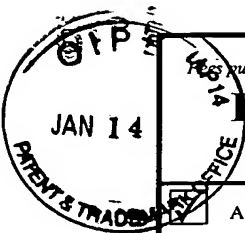
4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): \$10.00 additional fee for Notice of Appeal & Appeal Brief	\$10.00

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 22,132
Name (Print/Type)	William H. Logsdon	Telephone 412-471-8815
		Date January 11, 2008

Doc. No.:

COPY



Effective on 12/08/2004.
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

10.00

Complete if Known

Application Number

10/055,407

Filing Date

1/23/2002

First Named Inventor

David A. Fertell

Examiner Name

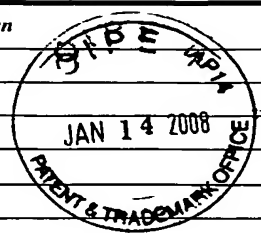
J. Bret Dennison

Art Unit

2143

Attorney Docket

3361 - 011773



METHOD OF PAYMENT (check all that apply)

☒ Check

☐ Credit Card

☐ Money Order

☐ None

☐ Other (please identify): _____

☒ Deposit Account

Deposit Account Number: 23-0650

Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Total Claims - 20 or HP Extra Claims Fee (\$)

23 - 23 = 0 x 0 = 0

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Indep. Claims - 3 or HP Extra Claims Fee (\$)

3 - 3 = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

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_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	_____

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	Fees Paid (\$)
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SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 22,132	Telephone 412-471-8815
Name (Print/Type)	William H. Logsdon	Date	January 11, 2008

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